



King's Research Portal

DOI:

[10.12968/bjon.2018.27.20.1192](https://doi.org/10.12968/bjon.2018.27.20.1192)

Document Version

Peer reviewed version

[Link to publication record in King's Research Portal](#)

Citation for published version (APA):

Banks van Zyl, A., & Noonan, I. (2018). The Trojan War Inside Nursing: An Exploration of Compassion, Emotional Labour, Coping and Reflection. *British Journal of Nursing*, 27(20), 1192-1196.
<https://doi.org/10.12968/bjon.2018.27.20.1192>

Citing this paper

Please note that where the full-text provided on King's Research Portal is the Author Accepted Manuscript or Post-Print version this may differ from the final Published version. If citing, it is advised that you check and use the publisher's definitive version for pagination, volume/issue, and date of publication details. And where the final published version is provided on the Research Portal, if citing you are again advised to check the publisher's website for any subsequent corrections.

General rights

Copyright and moral rights for the publications made accessible in the Research Portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognize and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the Research Portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the Research Portal

Take down policy

If you believe that this document breaches copyright please contact librarypure@kcl.ac.uk providing details, and we will remove access to the work immediately and investigate your claim.

The Trojan War Inside Nursing: an exploration of compassion, emotional labour, coping and reflection.

Abstract

Compassionate care is fundamental to nursing. However, when delivering compassionate care, the expected emotional state may not always spontaneously arise, risking a dissonance between authentic and displayed emotions. Nurses may therefore be required to engage in some form of emotional regulation strategy, to conform with and to display assumed professional rules. In both the dissonance and emotional regulation there are risks on which we need to reflect.

In this paper, the end of the Trojan Wars as depicted in Homer's *The Iliad* and Virgil's *The Aeneid* (summarised in Box 1) is used as an allegory to illustrate the dangers and advantages of using response- or antecedent-focused strategies for emotional regulation. Response-focused strategies, are reactive in nature but could build resilience over time but may leave student and newly qualified nurses feeling exposed. An 'emotional curriculum' to include Emotional Intelligence in nurse education could equip the students with a more pro-active approach to developing resilience rather than defensive practice. Using a narrative as an allegory may help us to explore the application of these concepts in our practice.

Box 1 insertion if possible

The myth of *The Trojan Horse* may be familiar to many readers – a large wooden horse left as a “gift” outside the city wall of Troy, by the Mycenaean Greeks, is depicted in earlier narratives as well as in Homer's *The Iliad* and Virgil's *The Aeneid*, but to use the war as an illustration here, a slightly fuller summary might prove helpful. After a 10-year long siege of the city of Troy, the Greek's departed, leaving behind a large wooden horse, which had soldiers hidden inside. Despite prophetic warnings, the Trojan's assumed this gift to be an acknowledgment of defeat and dragged it inside the city walls. As night fell, the warriors concealed within, led by Odysseus, climbed out of the horse and successfully took the city. The slaughter that ensued was brutal. Having built such fine defences, the Trojans were unable to escape and the city was destroyed from within.

The Trojan War inside nursing

Introduction

The Trojan War has two narratives that of the Greeks, portrayed by Homer (c760 BCE) and that of the Trojans, described by Virgil (c19 BCE). They depict the tale of the ancient City of Troy with its impenetrable walls, a 12-year war to breach them and the idea to build a horse to overcome a seemingly insurmountable problem. When this triumphant story is recounted from the Trojan narrative, it is described as a story so tragic even the Greek soldiers would weep. Similarly, the tale of compassionate care in nursing has **two narratives**: the patient's narrative of the undeniable benefit, a narrative that is most prominent; and that of the Nurse. Would the nurse's narrative be that of victory or tragedy? These classic works will be used as allegories to explore how nurses protect themselves and reveal different **perspectives** on the nurse's narrative.

Compassionate care

Providing compassionate care is fundamental to nursing, and has been found to be therapeutic to patients (Fry et al, 2013). A lack of compassion and care can have grave consequences for patients (Francis and Lingard, 2013). Compassion is defined as having a deep awareness of the suffering of another accompanied with a desire to relieve it (Chochinov, 2007). These empathetic interactions in emotional consonance lead to feelings of personal accomplishment, building emotional resilience, replenishing motivation, commitment and energy (Lilius, 2012). Emotional consonance is achieved when genuine emotions are aligned with display rules (Mesmer-Magnus et al, 2012). The desired emotional response may not always spontaneously arise leaving nurses to suppress perceived 'inappropriate' emotional reactions, putting the patient first, and displaying rather than **feeling**, the **'desired'** emotions (Bakker and Heuven, 2006). The conflict between authentic emotions **(those which arise spontaneously in a situation)** and those that conform to display rules is referred to as emotional dissonance (Johnson and Spector, 2007). Nurses are required to engage in emotional regulation to display the prescribed emotions in dissonant states (Grandey et al, 2012). Gross (1998) states that all efforts conscious and unconscious to change aspects of emotion are referred to as emotional regulation. Some of the emotional regulation strategies that nurses may employ, to reduce the chance of a tragic narrative, will be explored.

Emotional Regulation and Emotional Labour

Gross (1998) identified two forms of emotional regulation strategies: response-focused, where the individual suppresses the felt emotion and displays an inauthentic emotion; and antecedent-focused, where the individual modifies the felt emotion. Intensive contact with patients (Grandey et al, 2012), the perceived need to produce a suitable emotional state in them, for example to be reassured (Gray, 2009) and a set of shared display rules on the type of emotional display that is appropriate and inappropriate (Diefendorff et al, 2011) all come together in the emotional labour of nursing. Donoso et al (2015) found the emotional regulation strategies used by nurses underpinned the effect of the emotional demand.

Box 2 – Strength model of Self-Control (Baumeister et al 2007)

Baumeister et al (2007) define self-control as the ability to make choices and to resist urges, in order to bring actions in to line with our own, or professional values and standards, often in pursuit of long-term goals. In their strength model, they draw an analogy between the strength required to exercise self-control, and a muscle. Exercise can help develop self-control, and routine exercise promotes resistance to depletion of self-control. Those who have developed self-control experience, can, like an athlete, anticipate and preserve the energy required for self-control when tired. Furthermore, like an athlete who finds the energy for a final push at the end of a race, finding strength beyond their expectations, people with a strength-based self-control, they can demonstrate this even when their energy to maintain ego-integrity is depleted.

The strength model of self-control suggests that the effects of emotional labour i.e. exerting self-control, differ among individuals in relation to their resource capacity [Insert box 2 about here]. (Baumeister et al, 2007). Exerting self-control draws on the limited resources, so, the control resources of people with a small capacity will be depleted faster than that of people with a high capacity. It is possible however to build up resilience over time (Baumeister et al, 2007). Mesmer-Magnus et al (2012) suggest that the emotional energy that is needed to engage in response-focused strategies depletes the emotional reserves of the individual, adding to their experience of stress and reducing their ability to cope with other job stressors. Managing emotions could take away from the resources needed to make high-quality decisions and perform tasks effectively (Bakker and Heuven, 2006). Antecedent-focused strategies require effort initially to adjust the felt emotion. However, there is then no further anticipated drain on the resource required for self-control, once the emotions are in line (Mesmer-Magnus et al, 2012). Where with response-focused strategies there is not only effort expended to display the appropriate emotion but also extended efforts to mask the true emotions

(Mesmer-Magnus et al, 2012). When looking at job satisfaction, turnover intentions and job performance, a recent meta-analysis found that while dissonance states have negative effects, consonance states have a positive impact (Mesmer-Magnus et al, 2012).

Nurses who find it difficult to manage this emotional demand, report elevated levels of emotional exhaustion and general fatigue (Donoso et al, 2015). Earlier in the nurses' careers, they are more likely to react negatively to these emotional demands (Cho et al, 2006) and are at high risk of stress and burnout (Erikson and Grove, 2008). The UK has the highest rate of nurses reporting burnout in Europe (HEE, 2014). In managing work related stress nurses frequently use emotion-focused coping strategies (Arieli, 2013). These include avoidance, minimisation, rumination and distancing (Van der Colff and Rothman, 2014). Emotional distancing as a form of self-protection against feelings of emotional depletion can have negative implications for the quality of care delivered and the well-being of the practitioner (Poghosyan et al, 2010).

Protective walls?

Walls have been a symbol of protection through the ages, society has moved from walled cities to walled communities, security-controlled schools, hospitals, workplaces, etc. and fenced land or gardens, but their intention as a security measure remains. Just as the Trojans surrounded themselves with walls for protection, in the same way, nurses surround themselves with metaphorical walls when engaging in response-focused strategies. They put up walls to protect themselves from the emotional turmoil.

“The city, meanwhile, was embroiled in a turmoil of grief” (Virgil c19 BCE Book 2 line 298). Once the Greeks breached the supposed impenetrable walls, the Trojans were trapped, they were slaughtered and the city burned. Aeneas and a small group of Trojans possessed knowledge of the city and the exit routes, enabling them to escape. The walls surrounding Troy which were their greatest source of defence became the source of their great demise. It is imperative to know where the escape routes are located when using walls as defence. In the case of nursing, these escape routes are in the recovery strategies nurses use to relieve the impact of the emotional demands of the job.

Recovery & Reflection

Recommended recovery strategies which aid nurses in building resilience are reactive in nature and used to balance out the demand of the emotional labour. Some of the recovery strategies in the clinical environment include a strong and supportive team culture (Cheng et al, 2013), a climate of authenticity with opportunities for staff to take self-regulatory breaks after emotionally charged interactions (Grandey et al, 2012) and opportunities for venting (Kinman and Leggetter, 2016). Social support can foster feelings of social connectivity, and offer protection against alienation and burnout (Sundin et al, 2007). High levels of staff shortages, efficiency drives and austerity measures have led to increased pressure on nurses (Wray, 2013). In a climate of staff shortages opportunities for venting and taking self-regulatory breaks may be limited.

Emotional writing interventions are straight forward and a low-cost technique (Baum et al, 2012). Emotional expression can assist with processing emotional reactions, facilitate emotional adjustment and enhance mental health (Pennebaker and Evans, 2014). Reflective practise and writing is a requirement in nursing; it improves self-awareness, coping and problem-solving over time (Horton-Deutsch and Sherwood, 2008). Through writing and reflective practice, nurses learn to pay more attention and can become more self-aware within their **practice** (Johns, 2013) "In time with discipline reflection becomes a natural attribute" (Johns, 2013 p1983). Over time reflection can become an integral part of practise, avoiding the need for the wall. However, stress and burnout is particularly high among newly qualified nurses, with this only starting to decline after their second year of practise (HEE, 2014). Therefore, although this evolved skill is useful to experienced practitioners, it is less effective for newly qualified nurses who **may** lack the experience to employ reflection in an embedded way. **Schön (1991) argues that integrating reflection in action, and the ability to improvise within a professional framework is developed over time, through reflective practice.**

Johns (2013) describes the typology of reflective practise as starting with a reflection on practise, a reactive process, moving through to reflection within the moment over time and ultimately mindfulness, seeing things for what they are without distortion. Mindfulness involves paying attention and non-judgementally being purposefully present in the moment (Kabat-Zinn, 2004). Mindfulness-based stress reduction incorporates meditation, yoga and relaxation training (Hooda and Sharma 2013). Mindfulness has been found to enhance reflective ability, emotional intelligence and accurate empathy (Bolton 2010, Turner 2009). A pilot study for building resilience through mindfulness in nurses and midwives found some positive results, but further **empirical studies** would be needed to substantiate the findings (Foureur et al, 2013).

The nature of response-focused strategies means there is a discrepancy between genuinely felt and displayed emotions. Field studies have found that other people can differentiate between authentic and inauthentic emotional expression and that it is only perceived authentic emotions that stimulate the desired reactions of patients (Henning-Thurau et al, 2006). If a response-focused strategy is to be effective, not only must the nurse develop the skill to suppress the felt emotion and express the desired one well enough for it to be perceived as authentic, they then should engage in recovery strategies. In clinical practice, nurses may lose sight of the need for self-care until they are in crisis (Hooper et al, 2009), indicating that nurses may not always engage in these recovery strategies. Nurses may be attempting to balance a professional requirement for a difference between their authentically-felt, and displayed emotions in order to manage their coping resources. This could be effective as the evidence above showed, provided of course the scales do not tip too much in one direction. Some of these reactive approaches aim to help the practitioner to develop integration of their felt and displayed emotions to a level where they effectively employ the strategies actively while working.

Developing antecedent-focused strategies through Emotional Intelligence

While the evidence base for response-focused strategies and accompanying, reactive strategies is vast, there is a comparatively small base for developing the skills needed for antecedent-focused strategies that can assist newly qualified nurses. Emotional intelligence (EI) is the ability to self-motivate, control impulses, delay gratification, regulate one's mood, keeping distress from overwhelming the ability to emphasise, hope and think (Goleman, 1996). Goleman et al (2013) describe EI as being a profile of competencies across four areas: self-awareness, self-management, empathy and social awareness, and relationship management. Goleman's model of EI is described as a traits model due to a mixture of competencies and personality traits (Roberts et al, 2010). This model of EI is criticised for having a substantial overlap with personality due to its self-report measurement, which could lead to faking scores and potentially limited insight (Roberts et al, 2010). Another model of EI is an abilities model involving four factors: emotional perception, emotional facilitation, emotional understanding and emotional management (Roberts et al, 2010). Despite the lack of consensus of the construct, both models involve recognising and changing the felt emotion and in that way, assist with an antecedent-focused strategy.

Regardless of the lack of consensus of the construct, the growing body of international literature agree on the benefits of EI in nursing. For nursing students, EI improves the ability to manage stress, enhances practise and academic performance and increases retention (Por et al, 2011, Rankin 2013).

Higher levels of EI are associated with a greater ability and willingness to use social support networks, increased confidence in the ability to cope with stress, improved organisational skills and the ability to take responsibility for their own behaviour (Por et al, 2010, Birks et al, 2009): while lower levels of EI are associated with increased levels of stress, engaging in harmful or destructive behaviours such as alcohol consumption, not using social support networks, and blaming others or situations for being disorganised (Por et al, 2010, Birks et al, 2009). EI plays an important role in enhancing resilience and psychological well-being (Kinman and Grant 2011). Görgens-Ekermans and Brand (2012.) found EI defends against burnout and compassion fatigue. EI has been found to underpin accurate empathy, helping to build effective emotional boundaries, enabling the deliverance of compassionate care, and person-centred care while avoiding over-involvement (Grant, 2014). Accurate empathy contributes to building resilience, improves psychological well-being and is negatively associated with empathetic distress (Kinman and Grant 2011).

EI is not merely innate competencies but learned capabilities that must be developed (Goleman and Cerniss 2001). Research suggest that aspects of EI can be developed through life experiences and training (Fariselli et al, 2008). Foster et al (2015) recommend that an EI curriculum should be included in nurse's education, they include educational strategies to incorporate this. Developing EI is a more proactive integrative strategy, as it involves arming oneself with tools to regulate mood before the emotion-provoking event, rather than responding with exercises to balance or bounce back from the emotion-provoking event. In terms of the Trojan analogy, it is not a strategy of wall building, but rather one akin to that of building a horse. Finding an alternative way of overcoming the problem. Proactively equipping the nurse with the skills to regulate their emotions.

A Trojan Workforce

The current narrative of nursing includes a global shortage of nurses (WHO 2013), compounded by high turnover rates with approximately 10% of nurses a year intending to leaving (HEE, 2014). Challenging working environments and role expectations increases the risk of stress-related illness and burnout (Foureur et al, 2013). In both narratives of the Trojan war, the war is followed by a theme of wandering, the Odyssey and the Aeneid describes the respective trials and tribulations of Odysseus and the Trojans. In the same way, nursing students face their trials and tribulations in terms of the emotional demands which they must manage for them to successfully reach their destination, of being an emotionally competent nurse.

The high levels of emotional labour in nursing can lead to states of emotional dissonance. In dissonant states nurses are required to employ emotional regulation strategies. The strategy they choose will impact their wellbeing. Where response-focused strategy is a system of balancing resources, antecedent-focused strategy is an integrative system of self-management. Both systems result in building resilience in the nurse, increasing their ability to bounce back. Where integrative strategies take initial effort to master, a system of balancing takes constant effort. The recovery strategies of a balancing system may lead to a more integrative approach once mastered. However, nurses are most vulnerable during their first two years of practise and while studying. An emotional curriculum could assist in protecting new nurses who will be at their most vulnerable during their pre-registration education and their first two years. A wellness module during could equip these nurses with the skills to face their emotional demanding job, for those who experience a dissonance between their responses to their practice and a self-concept that they ought to be displaying these emotions in a different way.

References:

- Arieli A (2013) Emotional work and diversity in clinical placements of nursing students. *Journal of nursing Scholarship* 45 (2): 192-201.
- Bakker AB and Heuven E (2006) Emotional Dissonance, burnout, and in-role performance among nurses and police officers. *International Journal of Stress management* 13 (4): 423-440.
- Baum A, Revenson R, Singer J, eds (2012) *Handbook of Health Psychology*. Taylor & Francis, London.
- Baumeister RF, Vohs KD, Tice DM (2007) The strength model of self-control. *Current Directions in Psychological Science* 16 (6): 351-355.
- Birks Y, McKendree J, Watt J. (2009) Emotional intelligence and perceived stress in healthcare students: a multi-institutional, multi-professional survey. *BMC Medical Education* 9 (61): 61-68.
- Bolton G (2010) *Reflective Practice Writing and Professional Development*. Sage, London.
- Cheng C, Bartman T, Leggat SG (2013) The role of team climate in the management of emotional labour: Implications for nurse retention. *Journal of advanced nursing* 69 (12): 2812-2824.
- Cho J, Laschinger HS, Wong C (2006) Workplace empowerment, work and organisational commitment of new graduate nurses. *Nursing Leadership* 19 (3): 43-60.
- Chochinov HM (2007) Dignity is the essence of medicine: The A, B, C, and D of dignity-conserving care. *British Medical Journal* 355 (7612): 184-187.
- Diefendorff JM, Erickson RJ, Grandey AA et al (2011) Emotional display rules as work unit norms: A multilevel analysis of emotional labour among nurses. *Journal of Occupational Health Psychology* 16 (2): 170-186.
- Donoso LM, Demerouti E, Hernandez EG et al (2015) Positive benefits of caring on nurses' motivation and well-being: A Diary study about the role of emotional regulation abilities at work. *International Journal of Nursing Studies* 52 (4): 804-816.

Erickson RJ, and Grove WJ (2008) Emotional Labor and Health Care. *Sociology Compass* 2 (2): 704-733.

Fariselli L, Ghini M, Freedman, J (2008) Age and emotional intelligence White Paper. http://prodimages.6seconds.org/media/WP_EQ_and_Age.pdf (accessed 14 April 2017)

Foster K, McCloughen A, Delgado C et al (2015) Emotional intelligence education in preregistration nursing programs: A integrative review. *Nurse Education Today* 35 (3): 510-517.

Foureur M, Besley K, Burton G et al (2013) Enhancing the resilience of nurses and midwives: Pilot of a mindfulness-based program for increased health, sense of coherence and decreased depression, anxiety and stress. *Contemporary Nurse* 45(1): 114-125.

Francis R and Lingard H (2013) Final Report. Mid Staffordshire NHS Foundation Trust Public Inquiry. <http://webarchive.nationalarchives.gov.uk/20150407084003/http://www.midstaffspublicinquiry.com/report> (accessed on 2 May 2017)

Fry M, MacGregor C, Ruperto K, Wheeler J et al (2013) Nursing praxis, compassionate caring and interpersonal relations: An observational study. *Australasia Emergency Nursing Journal* 16 (2): 37-44

Goleman D, Boyatzis R, McKee A (2013) *Primal Leadership: Unleashing the power of emotional intelligence*. Harvard Business Review Press, Boston.

Goleman D and Cerniss C eds (2001) *The emotionally intelligent workplace; how to select for, measure and improve emotional intelligence in individual groups and organisations*. Jossey-Bass, San Francisco.

Goleman D (1996) *Emotional intelligence: why it can matter more than IQ*. Bloomsbury, London.

Görgens-Ekermans G and Brand T (2012) Emotional intelligence as a moderator in the stress burnout relationship: a questionnaire study on nurses. *Journal of Clinical Nursing* 21 (16): 2275–2285.

Grandey A, Foo SC, Groth M et al (2012) Free to be you with me: A Climate of authenticity alleviates burnout from emotional labour. *Journal of Occupational Health Psychology* 17 (1): 1-24.

Grant L (2014) Hearts and minds: aspects of empathy and wellbeing in social work students. *Social Work Education: The International Journal* 33(3): 338-352.

Gray B (2009) The emotional labour of nursing – Defining and managing emotions in nursing work. *Nursing Education Today* 29 (2): 168-175.

Gross JJ (1998) Antecedent- and response-focused emotional regulation: Divergent consequences for experience, expression and physiology. *Journal of Personality and Social* 74 (1): 224-237.

Henning-Thurau T, Groth M, Paul M et al (2006) Are all smiles created equal? How emotional contagion and emotional labour affect service relationships. *Journal of Marketing* 69(2): 22-235.

Health Education England (2014) Growing nurses numbers: A literature review on nurses leaving the NHS.

<https://www.hee.nhs.uk/sites/default/files/documents/Growing%20nursing%20numbers%20%E2%80%93%20Literature%20Review.pdf> (accessed 4 May 2017).

Homer c.725 BCE, transl. Chapman G (2002) *The Odyssey*. Wordsworth Classics, Ware.

Homer c.760 BCE, transl. Chapman G (2003) *The Iliad*. Wordsworth Classics, Ware.

Hooda D and Sharma NR (2013) *Mental Health Risk and resources*. Global Vision Publishing House, Delhi.

Horton-Deutsch S and Sherwood G (2008) Reflection: an education strategy for developing emotionally competent nurse leaders. *Journal of Nursing Management* 16(8): 946-954.

Hooper C, Craig J, Janvrin DR et al (2009) Compassion satisfaction, burnout and compassion fatigue among emergency nurses compared with nurses in other selected inpatient specialities. *Journal of emergency nursing*. 36(5): 427-450.

Johns C (2013) *Becoming a reflective practitioner*. Wiley-Blackwell, Chichester.

Johnson HM and Spector PE (2007) Service with a smile: Do emotional intelligence, gender and autonomy moderate the emotional labour process? *Journal of Occupational Health Psychology* 12 (4): 319-333.

Kabat-Zinn J (2004) *Wherever You Go, There You Are*. Piatkus Books, London.

Kinman G and Grant L (2011) Exploring Stress Resilience in Trainee Social Workers: The Role of Emotional and Social Competencies. *British Journal of Social Work* 41 (2): 261–75.

Kinman G and Leggetter S (2016) Emotional Labour and wellbeing: What protects nurses? *Healthcare* 4: 89. Doi:10.3390/healthcare4040089.

Lilius JM (2012) Recovery at work: Understanding the restorative side of depleting client interactions. *Academy of Management Review* 37 (4): 569-588.

Mesmer-Magnus JR, DeChurch LA Wax A. (2012) Moving emotional labour beyond surface and deep acting: A discordance-congruence perspective. *Organizational Psychological Review* 2(1): 6-53.

Pennebaker J and Evans J (2014) *Expressive writing: Words that heal*. Idyll Arbor, Enumclaw.

Poghosyan L, Clarke S, Finlayson M et al (2010) Nurse burn out and quality of care: Cross-national investigations in six countries. *Research in Nursing and Health* 33 (4): 288-298.

Por J, Barribal L, Fitzpatrick JB et al (2010) Emotional intelligence: its relationship to stress coping wellbeing and professional performance in student nurses. *Nurse Education Today* 31 (8): 855-860.

Rankin R (2013) Emotional intelligence: enhancing values-based practice and compassionate care in nursing. *Journal of Advanced Nursing* 69(12): 2717–2725.

Roberts RD, MacCann C, Matthews G et al (2010) Emotional intelligence: toward a consensus of models and measures. *Social and Personality Psychology Compass* 4(10): 821–840.

Schon DA (1991) *The Reflective Practitioner. How Professionals Think in Action*. London: Routledge

Sundin L, Hochwalder J, Bildt C et al (2007) The relationship of different work-related sources of social support and burnout among registered and assistant nurses in Sweden: A questionnaire survey. *International Journal of Nursing Studies* 44 (5): 758-769.

Sergeant J and Laws-Chapman C (2012) Creating a positive workplace culture. *Nurse Manager* 18 (9): 14-19.

Turner K (2009) Mindfulness: The Present Moment in Clinical Social Work. *Clinical Social Work Journal* 37(2): 95–103.

Van der Colff JJ and Rothman S (2014) Occupational stress of professional nurses in South-Africa. *Journal of Psychology Africa* 24 (4): 375-384.

Virgil c.19 BCE, transl. Oakley M (2004) *The Aeneid*. Wordsworth Classics, Ware.

World Health Organization (2013) Global Health workforce shortage to reach 12.9 million in coming decade. <http://www.who.int/mediacentre/news/releases/2013/health-workforce-shortage/en/> (accessed 13 April 2017)

Wray J (2013) The impact of the financial crisis on nurses and nursing. *Journal of Advanced Nursing* 69(3): 497-499.